

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

### **2012 SEED MONEY REPORT**

### FOR MAINE CLEAN FLECTION ACT CANDIDATES

Please	complete	ALL	entries.
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Please complete ALL entrie	S.				
NAME OF CANDIDATE					
STREET					1_
CITY AND ZIP CODE			TELE	PHONE BER	CHANGED FROM PREVIOUS
E-MAIL					REPORT
OFFICE SOUGHT			DISTI	RICT NUMBER	
NAME OF TREASURER					
MAILING ADDRESS STREET					CHECK IF
CITY AND ZIP CODE			TELE	PHONE BER	FROM PREVIOUS REPORT
E-MAIL					
OFFICE SOU	<u>GHT</u>	DUE DATE		DATES OF REPORT PE	RIOD
House or Se	nate	April 20, 2012		Beginning of campaign* – Ap	ril 20, 2012
* If a January Semiannual Report was filed, the report period for the Seed Money Report begins on January 1, 2012.					
* If a January Se	miannual Report was	filed, the report period for the	Seed N	worley Report begins on January 1, 2	012.
* If a January Se			Seed M	worley Report begins on January 1, 2	012.
☐ This is the first repo	ort for the candidat			worley Report begins on Sandary 1, 2	012.
☐ This is the first repo	ort for the candidat	te's 2012 campaign.		worley Report begins on January 1, 2	012.
☐ This is the first repo	ort for the candidat	te's 2012 campaign.			012.
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☐ This is the first report ☐ Amendment to: ☐ Other (specify): ☐ Check if campaign I	nad no activity for	te's 2012 campaign. the report period (no oth	er pag		
☐ This is the first report ☐ Amendment to: ☐ Other (specify): ☐ Check if campaign I	nad no activity for E EXAMINED THIS	te's 2012 campaign.  the report period (no oth	er pag	es are required).	

1/11/2012 Duplicate as needed.

Page	of
(Sche	edule A only)

## SCHEDULE A CASH SEED MONEY CONTRIBUTIONS

- Only individuals may make seed money contributions. Contributions must be from their personal funds and not
  from other sources. Each contributor may give up to \$100 in seed money. Lobbyists, lobbyist associates, and their
  employers may not make seed money contributions during the legislative session. Members of the candidate's
  family may each give up to \$100 in seed money, provided the contributions are from their personal funds.
- Total seed money contributions may not exceed \$200,000 for gubernatorial candidates, \$1,500 for Senate candidates, and \$500 for House candidates.
- Itemize all cash contributions from contributors who have given you more than \$50 in seed money contributions.
- Both cash and in-kind contributions count toward the \$50 threshold.
- Report the occupation and employer for every contributor who is an individual and who contributed more than \$50 in this report period.
- If you have requested employment information from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$50 or less, please enter "total of contributions \$50 or less" and the total amount on a line on this page. Once a contributor has given you more than \$50 in a report period, you must list that contributor separately.
- On the first report of the election cycle only, include the total of any surplus campaign funds, if any, from a previous election cycle that you are transferring to your 2012 campaign. Please contact the Commission staff for more information about complying with seed money restrictions when transferring surplus funds from a previous campaign.

campaign.				
DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT

Total cash seed money contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F, line 1)

**Key Codes:** 

1 = Candidate and Candidate's Spouse/Domestic Partner

2 = Other Individuals

8 = Contributors Giving \$50 or Less

9 = Transfer from Previous Campaign

CANDIDATE'S FULL NAME	

Page	of
(Sc	hedule A only)

### **SCHEDULE A CASH SEED MONEY CONTRIBUTIONS (continued)**

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
	Total cash s	eed money contributions (this page of	only) ⇒	

(combined totals from all Schedule A pages must be listed on Schedule F, line 1)

**Key Codes:** 

1 = Candidate and Candidate's Spouse/Domestic Partner

2 = Other Individuals

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9 = Transfer from Previous Campaign

CANDIDATE'S FULL NAME

Page	_ of
(Sched)	ule A-1 only)

## SCHEDULE A-1 IN-KIND CONTRIBUTIONS

In-kind contributions are goods and services (including facilities) that you received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the campaign by the candidate or supporters if the campaign does not expect to reimburse the candidate or supporter. These contributions may come from the candidate, candidate's family, and supporters.

- In-kind contributions are subject to the seed money restrictions described on Schedule A.
- Itemize all in-kind contributions from contributors who have given you contributions totaling more than \$50 in this
  report period.
- Both cash and in-kind contributions count toward the \$50 threshold.
- Report the occupation and employer for every contributor who is an individual and who contributed more than \$50 in this report period.
- If you have requested employment information from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For in-kind contributions of \$50 or less, enter "total of contributions \$50 or less" and the total amount on a line on this page. Once a contributor has given you more than \$50 in a report period, you must list that contributor separately.
- Goods that you have retained from an earlier election such as signs are not in-kind contributions to your current campaign.
- If you received goods and services at a discount, report the amount of the difference between the fair market value and the cost you paid.

	or you paran				
DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
Total in-kind contributions (this page only) ⇒					

#### **Key Codes:**

1 = Candidate and Candidate's Spouse/Domestic Partner

2 = Other Individuals

8 = Contributors Giving \$50 or Less

Duplicate as needed. 1/11/2012

(combined totals from all Schedule A-1 pages must be listed on Schedule F, line 5)

CANDIDATE'S FILL NAME	

## SCHEDULE B EXPENDITURES

- Enter the date, payee, expenditure type, and amount for each expenditure made during the report period.
- For expenditure types which require a remark, enter a description of the goods and services purchased.
- Expenditures made with a candidate's or an authorized individual's personal funds must be reimbursed within the same report period as the expenditure. Enter the vendor as the payee and the purchase date. Report the name of the individual who made the payment in the remarks section. Report goods and services purchased by others for which no reimbursement will be made as an in-kind contribution on Schedule A-1.
- Only enter expenditures that have actually been paid. Enter unpaid debts and obligations on Schedule D.

Expenditure Types Requiring <u>NO</u> Remark		Expenditure Types Which REQUIRE Remark			
CON	Contribution to other candidate, party, committee	CNS	Campaign consultants		
FOD	Food for campaign events, volunteers	EQP	Equipment (office machines, furniture, cell phones, etc.)		
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	FND	Fundraising events		
MHS	Mail house (all services purchased)	ОТН	Other (bank fees, entrance fees, small tools, wood, etc.)		
OFF	Office rent, utilities, phone and internet services, supplies	PRO	Other professional services		
PHO	Phone banks, automated telephone calls	SAL	Campaign workers' salaries and personnel costs		
POL	Polling and survey research	TRV	Travel (fuel, mileage, lodging, etc.)		
POS	Postage for U.S. Mail and mail box fees				
PRT	PRT Print media ads only (newspapers, magazines, etc.)		NEW - For payments and reimbursements made to the candidate's family and household members, the		
RAD	RAD Radio ads, production costs				
TVN	TV or cable ads, production costs	relationship to the candidate must be reported in the			
WEB	Website design, registration, hosting, maintenance, etc.	Remark section (e.g., spouse, brother, roommate, etc			

DATE EXPENDITURE MADE	NAME OF EACH PAYEE	EXPENDITURE TYPE (use code from above)	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT

Total expenditures (this page only)  $\Longrightarrow$ 

(combined totals from all Schedule B pages must be listed on Schedule F, line 4)

Duplicate as needed.

# SCHEDULE B EXPENDITURES (continued)

	Expenditure Types Requiring <u>NO</u> Remark		Expenditure Types Which REQUIRE Remark		
CON	Contribution to other candidate, party, committee	CNS	Campaign consultants		
FOD	Food for campaign events, volunteers	EQP	Equipment (office machines, furniture, cell phones, etc.)		
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	FND	Fundraising events		
MHS	Mail house (all services purchased)	ОТН	Other (bank fees, entrance fees, small tools, wood, etc.)		
OFF	Office rent, utilities, phone and internet services, supplies	PRO Other professional services			
PHO	Phone banks, automated telephone calls	SAL	Campaign workers' salaries and personnel costs		
POL	Polling and survey research	TRV Travel (fuel, mileage, lodging, etc.)			
POS	Postage for U.S. Mail and mail box fees				
PRT	Print media ads only (newspapers, magazines, etc.)	NEW - For payments and reimbursements made to the			
RAD	Radio ads, production costs	candidate's family and household members, the			
TVN	TV or cable ads, production costs	relationship to the candidate must be reported in the Remark section (e.g., spouse, brother, roommate, etc.).			
WEB	Website design, registration, hosting, maintenance, etc.				

DATE EXPENDITURE MADE	NAME OF EACH PAYEE	EXPENDITURE TYPE (use code from above)	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT
			otal avanditures (this page only)	

Total expenditures (this page only)  $\Longrightarrow$  (combined totals from all Schedule B pages must be listed on Schedule F, line 4)

1/11/2012

Page _	of
(Sch	edule D only)

CANDIDATE'S FULL NAME

## SCHEDULE D UNPAID DEBTS AND OBLIGATIONS

- List any debts or obligations that are unpaid at the close of this period (even if included in earlier reports).
- You have incurred a debt or obligation if you have placed an order for a good or service without making a
  payment; made a promise or agreement to pay for a good or service; signed a contract for a good or service; and
  received delivery of a good or service for which you have not paid.
- If the campaign has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- Report actual payments to vendors on Schedule B.

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
Total unpaid debts and obligations (this page only) $\implies$ (combined totals from all Schedule D pages must be listed on Schedule F, line 9)			

CANDIDATE'S	FIIII	NAME	

DATE	SUBMITTED	
DAIL	SUDIVILLED	

### SCHEDULE F SUMMARY SCHEDULE (MCEA CANDIDATES)

This page is required for all candidates except those checking the no activity box on the cover page of the report.

The cash balance on line 14 must match the campaign's reconciled bank account balance as of the last day of the report period.

report period.				
CASH ACTIVITY FOR THIS PERIOD				
RECEIPTS				
1. CASH SEED MONEY CONTRIBUTIONS (Schedule A)				
2. OTHER CASH RECEIPTS (interest, etc.)				
3. TOTAL RECEIPTS (lines 1 + 2)				
EXPENDITURES				
4. EXPENDITURES (total of all Schedule B pages)				
OTHER ACTIVITY FOR THIS PERIOD				
5. IN-KIND CONTRIBUTIONS (total of all Schedule A-1 pages)				
6. TOTAL UNPAID DEBTS AT CLOSE OF PERIOD (total all Schedule D pages)				
·				
CASH SUMMARY				
7. CASH BALANCE AT BEGINNING OF PERIOD (Schedule F, from last report)				
8. PLUS TOTAL RECEIPTS THIS PERIOD (line 3 above)	+			
9. MINUS TOTAL PAYMENTS THIS PERIOD (line 4 above)	-			
10. CASH BALANCE AT CLOSE OF PERIOD (lines 7 + 8 - 9) (must match reconciled bank account balance)	=			